Wisconsin Department of Regulation & Licensing

Mail To: P.O. Box 8935

Madison, WI 53708-8935

FAX #:
Phone #:

(608) 266-2264 (608) 266-2112 1400 E. Washington Avenue Madison, WI 53703

E-Mail: web@drl.state.wi.us

Website: http://drl.wi.gov_

BARBERING AND COSMETOLOGY EXAMINING BOARD

CITATION FOR ADMINISTRATIVE FORFEITURE

WEG

CITATION DOE CASE FILE # 09 BAC 050 IS # 09 09 14 1 BAC Robert Hopkins Individual Credential Holder Name License # 24731-81 Expired 06/30/05 License #
4390 No. 27th St. Milwaukel 532/6 Street Wednesday Day of Week Milwaukel 532/6 City Date 17, 2009 Time
On the above stated time, date and location, an investigation/inspection has disclosed the following violation. That Robert Hopkins was working with an expired manager's license.
In violation of Section BC 2.04(1) of Wis. Stats. OR Wis. Adm. Code The Signature of Investigative Staff Signature of Licensee OR Establishment Owner Date Date

Pursuant to Wis. Stat. § 454.15(3), the licensing authority is authorized to impose a forfeiture in lieu of or in addition to other disciplinary action against your license.

PLEASE, TAKE NOTICE THAT THE CREDENTIAL HOLDER MAY DEPOSIT A FORFEITURE IN THE AMOUNT OF \$\(\bigcup_{\text{O}} \) BY MAILING A CHECK OR MONEY ORDER NO LATER THAN TWENTY (20) DAYS FROM THE DATE OF THIS CITATION, TOGETHER WITH THE SIGNED COPY OF THIS FORM TO: DEPARTMENT OF REGULATION AND LICENSING, DIVISION OF ENFORCEMENT, 1400 EAST WASHINGTON AVENUE, P.O. BOX 8935, MADISON, WI 53708. PAYMENT SHALL BE TREATED AS A PLEA OF NO CONTEST TO THE VIOLATION CITED ABOVE AND CONSENT TO AN ORDER OF FORFEITURE, NOT TO EXCEED THE AMOUNT OF THE DEPOSIT.

Please reference "NOTICE OF RIGHT TO CONTEST" on backside of pink copy.

#2683 (8/08) Ch. 454, Stats. 143 Continues of State of Stat